

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 13, 2001 08:00 AM****Secretary of State****DOCUMENT # H22527**1. Entity Name
ALL-COUNTY INSULATION & SALES, INC.

Principal Place of Business

17497 ROCKEFELLER CIRCLE

FT. MYERS
33912

FL

Mailing Address

15880 SHAMROCK LN

FT. MYERS
33912

US

FL

2. Principal Place of Business

15880 SHAMROCK DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS

FL

City & State

4. FEI Number

59-2479754

Applied For

Not Applicable

Zip
33912Country
US

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASSAMONDI, JOAN
15880 SHAMROCK DRIVEFT. MYERS
33912

US

FL

7. Name and Address of New Registered Agent

Name

PASSAMONDI, JOAN

Street Address (P.O. Box Number is Not Acceptable)

15880 SHAMROCK DRIVE

City

FT. MYERS

FL

Zip Code
33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **JOAN PASSAMONDI****07/13/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	PASSAMONDI, JOAN	
STREET ADDRESS	15880 SHAMROCK DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PASSAMONDI, INGEBORG	
STREET ADDRESS	21 MAUI CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PASSAMONDI, MICHAEL A.	
STREET ADDRESS	15880 SHAMROCK DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOAN PASSAMONDI**

S

07/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)